

CA

## Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Buncombe		<b>Facility Type:</b>			<b>Facility Name:</b> Fleshers					
		<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home						<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home
<b>Visit Date</b> 5/14/19	<b>Time Spent in Facility</b>			hr	25	min	<b>Arrival Time</b> 10:45			
<b>Person Exit Interview was held with:</b> Laura Legwell, Resident Care Coordinator							<b>Interview was held</b>		<input checked="" type="checkbox"/> <b>In-Person or Phone (Circle) in person</b>	
Bennett Lincoff, Paula Garber		<b>SIC (Supervisor in Charge)</b> Laura Legwell		<b>Other Staff: (Name &amp; Title)</b>			<b>Report Completed by:</b> Paula Garber			

**Number of Residents who received personal visits from committee members:** 10+

<b>Resident Rights Information is clearly visible.</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>Ombudsman contact information is correct and clearly posted.</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<b>Staffing information is posted.</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile		Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>As is the norm, Flescher's always presents itself as clean, neat, with a warm and friendly atmosphere.</li> <li>As we entered the building we came upon one resident using a walker and doing her daily laps up and down the hallway.</li> <li>We talked with several residents, one who had just come back from rehab. She seemed very happy to be back and indicated she enjoyed her time at Flescher's.</li> <li>Two residents both extremely sharp and lucid. Bennett and I had had conversations in the past with one of these residents.</li> </ul>
2. Did residents say they receive assistance with personal care activities, Ex. <i>Brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Did you observe restraints in use?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. If so, did you ask staff about the facility's restraint policies?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Observations**

8. Did residents describe their living environment as homelike?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
9. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
10. Did you see items that could cause harm or be hazardous?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
11. Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
12. Does the facility accommodate smokers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.				
13. Were residents able to reach their call bells with ease?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14. Did staff answer call bells in a timely & courteous manner?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14a. If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

- These particular residents had some concerns about the quality of the food, the smaller servings, and the inability to get seconds upon request.
- Some residents also voiced some concerns with recent interactions with the activities director. They felt that the activities director was overbearing, did not like to be questioned, and was displaying a grudge against the residents for having questioned her.

**Resident Services**

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
16a. Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
17. Are residents asked their preferences about meal & snack choices?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
17a. Are they given a choice about where they prefer to dine?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
18. Do residents have privacy in making and receiving phone calls?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Comments & Other Observations**

**Areas of Concern**

**Exit Summary**

## Community Advisory Committee Quarterly/Annual Visitation Report

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p>	<p>Discuss items from "<i>Areas of Concern</i>" Section as well as any changes observed during the visit.</p>

